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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

SAJ  
None

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

SAJ  
None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 03/22/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met-For Allowance Examiner's Signature: [Signature] Initials: [Initials]	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 11
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## TITLE

Customized articulating anatomical support

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